HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)

STATE POSITION HELD: (Dept/Div or Board/Commission)

Department of Labor and Industrial Relations

TERM OF OFFICE (Begin/End):

03/10/03 / 12/31/06

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Verizon Communications Corp. 1177 Bishop Street Honolulu, HI 96813	С	Employment Retired 3/7/03
F	State of Hawaii Department of Labor and Industrial Relations 830 Punchbowl Street Honolulu, HI 96813	, E	Employment
SP	Verizon Communications Corp. 1177 Bishop Street Honolulu, HI 96813	G	Employment

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES	
F	Verizon Communications Corp. 1095 Avenue of the Americas New York, NY 10036	Communications	Stock	A	
			1.		
[iChe	[]Check here if entry is None []Check here if additional sheets are attached				

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER	
☑ Check here if entry is None [] Check here if additional sheets are attached			

ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	Bank of Hawaii 111 S. King Street Honolulu, HI 96813	Н	Н
JT	Hawaiian Tel FCU 1138 N. King Street Honolulu, HI 96817	C	C
[]Che	ck here if entry is None	[]Check here if addition	nal sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or

organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Assets School One Ohana Nui Way Honolulu, HI 96818	Secretary - Parent's Ohana Board	Annual	None
SP	Hawaii Food Bank 2611 Kilihau Street Honolulu, HI 96819	2nd Vice Chair	Annual	None
[]Che	ck here if entry is None	ī]Check here if addition	al sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

,	sts in real property in the State, held during the disclosure	period, if the interest has a value of	of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JT	3244 Keahi Street	1-2-9-34-4	
	Honolulu, HI 96822		 ' .
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[]Chec	ck here if entry is None	[]Check here if a	dditional sheets are attached
	ITEM 7: INTERESTS IN RE	AL PROPERTY ACQUIRED	
List intere	sts in real property in the State, acquired during the disclo	osure period, if the interest has a va	lue of \$10,000 or more.
F,SP,	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF	NAME OF PERSON
DC,JT		CONSIDERATION PAID	RECEIVING THE CONSIDERATION
		<u> </u>	CONSIDERATION
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[Che	ck here if entry is None	[]Check here if a	dditional sheets are attached
		PROPERTY TRANSFERRED	
	ests in real property in the State, transferred during the dis		
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE
00,31		CONSIDERATION RECEIVED	CONSIDERATION
	·		

Check here if entry is None

[]Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts

NAM	IE OF CLIENT	N/	ME OF STATE AGENCY		7 4
Check he	re if entry is None			here if additional sheets	are attache
st the amoun lue of \$5,000	t and identity of every creditor interest in ins	solvent	STS IN INSOLVENT BUS businesses, held during the	disclosure period, if the in	terest has a
,SP,DC,JT	NAME AND ADDRESS OF BUSINESS		NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
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	re if entry is None			here if additional sheets	
d belief. If	ION: I hereby certify that the above is a I have a spouse and/or dependent child est of my knowledge and belief. I under	dren, I	also hereby certify that I h	ave included their intere	sts on this
	ed as required by chapter 84, HRS. I fu				
(`(allen 4. Falla	·W		5/13/04	
GNATURE				DATE	
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